Navy Medicine

November - December 2009

Final Victory

NAVY MEDICINE

Official Publication of the U.S. Navy Medical Department
Volume 100, No. 6
November-December 2009

Articles and Book Review Submissions

Navy Medicine considers for publication photo essays, artwork, and manuscripts on research, history, unusual experiences, opinions, editorials, and professional matters. Contributions are suitable for consideration by *Navy Medicine* if they represent original material, have cleared internal security review, and received chain of command approval. An author need not be a member of the Navy to submit articles for consideration. For guidelines on submission, please contact: Janice Marie Hores, Janice.Hores@med.navy.mil or 19native47@verizon.net

Navy Medicine is also looking for book reviews. If you've read a good book dealing with military (Navy) medicine and would like to write a review, the guidelines are:

- Book reviews should be 600 words or less.
- Introductory paragraph must contain: Title, author, publisher, publisher address. Year published. Number of pages.
- Reviewer ID: sample:

CAPT XYZ is Head of Internal Medicine at Naval Medical Center San Diego.

Navy Medicine, (ISSN 0895-8211 USPS 316-070) is published bimonthly by the Department of the Navy, Bureau of Medicine and Surgery, Washington, DC 20372-5300. Periodical postage paid at Washington, DC.

POSTMASTER: Send address changes to *Navy Medicine*, Bureau of Medicine and Surgery, Communications Directorate, Bldg 2, Rm 1217, 2300 E Street NW, Washington, DC 20372-5300.

Personal subscription address changes: write to *Navy Medicine*, Bureau of Medicine and Surgery, Communications Directorate, Bldg 2, Rm 1217, 2300 E Street NW, Washington, DC 20372-5300. Or email Janice.Hores@med.navy.mil or 19native47@verizon.net. Include old and new addresses when submitting a change of address to the above.

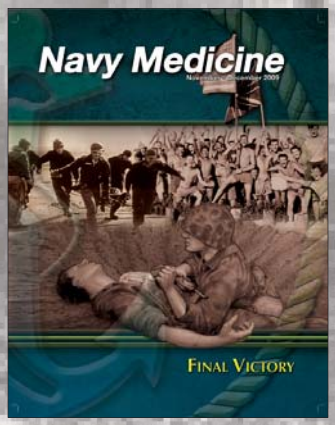
The Secretary of the Navy has determined that this publication is necessary in the transaction of business as required by law. *Navy Medicine* is published from appropriated funds by authority of the Bureau of Medicine and Surgery in accordance with Navy Publications and Printing Regulations P-35.

We Want Your Opinion

Letters to the Editor are welcome. Let us know what you think about *Navy Medicine*. Please send letters to: Janice Marie Hores, Bureau of Medicine and Surgery, Bldg 1, Rm 1217, 2300 E Street, NW, Washington, DC, 20372-5300 or Janice.Hores@med.navy.mil or 19native47@verizon.net

SAVE A TREE

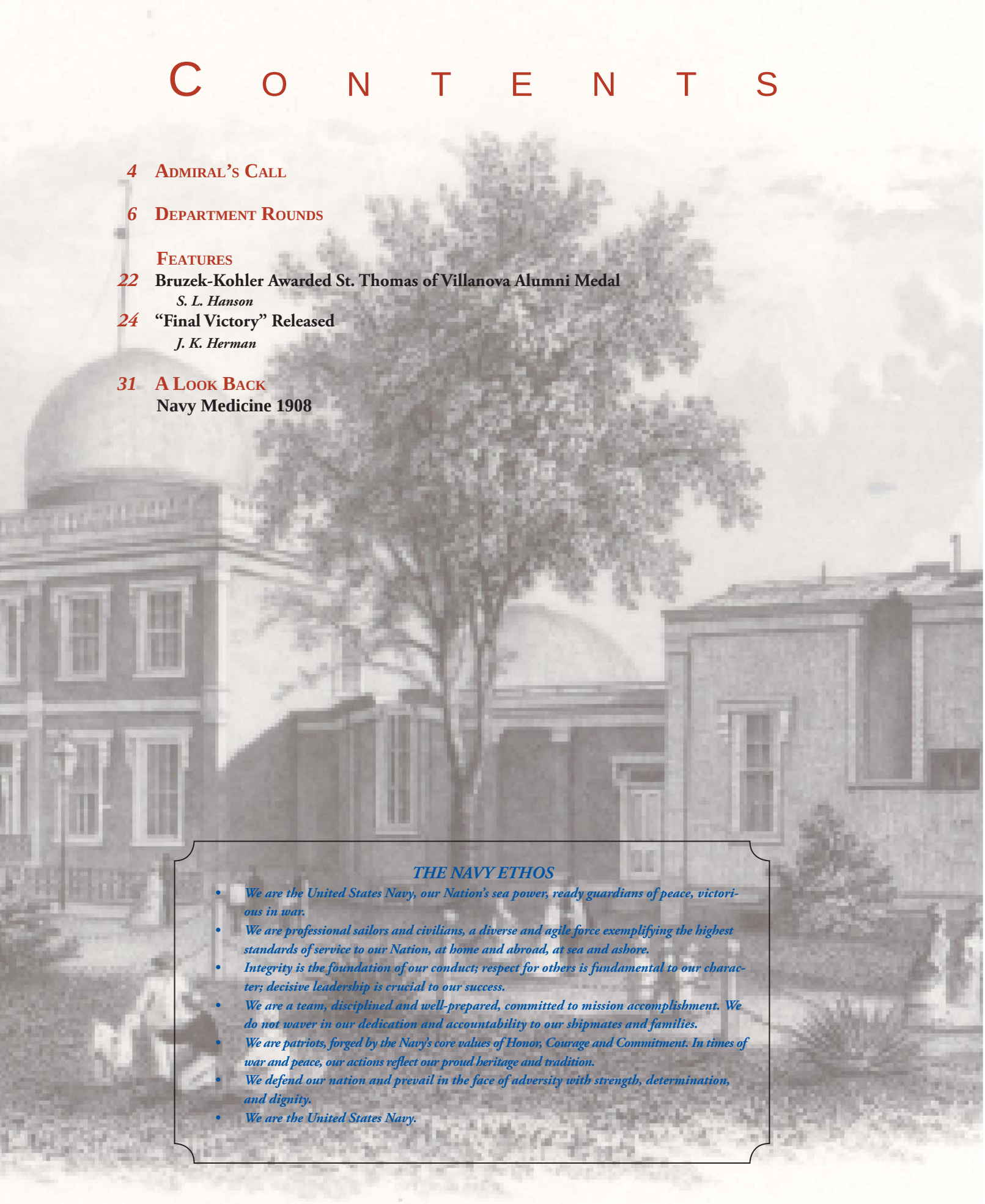
If you would like to receive your issue electronically via email in PDF format, please contact Janice Marie Hores at Janice.Hores@med.navy.mil or 19native47@verizon.net



COVER: BUMED has just released the final installment in its six-part documentary, *Navy Medicine at War*, the story of Navy medicine in World War II. Story on page 24. Cover design by Shane Stiefel, Navy Medical Support Command, Visual Information Directorate, Bethesda, MD.

Online issue of *Navy Medicine* can be found at:
http://permanent.access.gpo.gov/lps17064/

Contents



THE NAVY ETHOS

- *We are the United States Navy, our Nation's sea power, ready guardians of peace, victorious in war.*
- *We are professional sailors and civilians, a diverse and agile force exemplifying the highest standards of service to our Nation, at home and abroad, at sea and ashore.*
- *Integrity is the foundation of our conduct; respect for others is fundamental to our character; decisive leadership is crucial to our success.*
- *We are a team, disciplined and well-prepared, committed to mission accomplishment. We do not waver in our dedication and accountability to our shipmates and families.*
- *We are patriots, forged by the Navy's core values of Honor, Courage and Commitment. In times of war and peace, our actions reflect our proud heritage and tradition.*
- *We defend our nation and prevail in the face of adversity with strength, determination, and dignity.*
- *We are the United States Navy.*

Wounded Warriors

When our warriors go into harm's way, we in Navy medicine go with them. At sea or on the ground, Sailors and Marines know that our men and women are by their side ready to care for them.

There is a trust and fidelity that has been earned over our years of service together, and make no mistake, today that bond is stronger than ever. Our mission is to care for our wounded, ill, and injured, as well as their families.

That's our job and we are fortunate to have this opportunity. Today we are experiencing historically high survival rates—with some 95 percent of seriously injured service members surviving their wounds.

This progress underscores advances in casualty care and technology, but more importantly, it underscores our people providing outstanding care.

The continuum of care we provide for our warfighters begins in the field with buddy aid and our on-the-ground corpsmen. Most often in very austere and hostile conditions, care moves through forward resuscitative care, theatre level care, definitive care, and culminates in restorative care and rehabilitation.

As our wounded warriors return from combat and begin the healing process, they deserve a seamless and comprehensive approach to their recovery. We want them to mend in body, mind, and spirit.

Our focus is on a multi-disciplinary based care, bringing together medical treatment therapies, social work, case management, emotional, psychological, and spiritual resources.

We work closely with our line counterparts within the Wounded Warrior Regiments(*1*) and Safe Harbor(*2*) to support the full-spectrum recovery process for Sailors, Marines, and their families. This is truly patient and family centered care.

While there are many significant injury patterns in theatre, an important focus area for all of us remains traumatic brain injury (TBI). In previous columns, I have indicated to you that TBI is often referred to as the signature injury from operation enduring freedom (OEF) and operation Iraqi freedom (OIF). This is largely a result of explosive blasts from improvised explosive devices (IEDs). The majority of TBI injuries sustained by our warfighters is categorized as mild, or in other words, a concussion. Yet, there is much we don't know about these injuries and their long-term impacts on the lives of our service members. The relative lack of knowledge about mild TBI amongst service members and healthcare personnel represents an important gap that Navy medicine is seriously addressing.

We are providing TBI training to healthcare providers from multiple disciplines throughout the fleet. This training is designed to educate personnel about TBI, introduce the military acute concussion exam (MACE)(*3*) as a screening tool. To inform providers about the automated eurocognitive assessment metric (ANAM)(*4*) test and identify a follow-up for assessment including use of a repeatable test for identification of neuropsychological status.

We are expanding our TBI program office to manage the implementation of the ANAM as a pre-deployment test for service members in accordance with DoD policy. This office will further develop models of assessment and care as well as support research and evaluation programs.

I want you to know that Navy medicine is employing a strategy that is both collaborative and integrative. By actively partnering with the other services, DoD (including the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury), the Veterans Administration, and leading academic, medical and research centers we are making the best care available to our warriors suffering TBI.

There is no greater responsibility than caring for our Wounded Warriors. It is what we do and why we exist. It is our duty—it is our honor—it is our privilege.

I bring this to your attention again because this is an important priority for all of us in military medicine and I need your support as we enhance our capabilities to prevent, detect, and treat TBI.

I know of no greater honor than caring for our wounded, ill, and injured. They are heroes. We, who are fortunate enough to care for them, understand this responsibility.

Please remember the personal sacrifices these women and men have made and do your best to provide them with the world class care they expect. I am proud of the tremendous care you are providing as I visit you and your commands throughout the world. The extraordinary commitment you are demonstrating each day is remarkable and you are making a difference in the lives of our wounded warriors and their families.

There is no greater responsibility than caring for our Wounded Warriors. It is what we do and why we exist. It is our duty—it is our honor—it is our privilege.

1. The Wounded Warrior Regiment's mission is to provide and facilitate assistance to wounded/injured/ill Marines, Sailors attached to or in support of Marine units, and their family members throughout the phases of recovery.

http://www.marines.mil/units/hqmc/mnra/wwr/Pages/Home.aspx

2. Safe Harbor is the Navy's lead organization for coordinating the non-medical care of wounded, ill, and injured Sailors, Coast Guardsmen, and their families. Through proactive leadership, we provide a lifetime of individually tailored assistance designed to optimize the success of our shipmates' recovery, rehabilitation, and reintegration activities.

http://www.npc.navy.mil/CommandSupport/SafeHarbor/

3. The Military Acute Concussion Evaluation, or MACE, is a standardized mental status exam that is used to evaluate concussion in theater. This screening tool was developed to evaluate a person with a suspected concussion and allows for the identification of clinically relevant neurocognitive impairment.

4. ANAM is a proven computer-based tool designed to detect speed and accuracy of attention, memory, and thinking ability. It records a service member's performance through responses provided on a computer.

VADM Adam Robinson, Jr.

The Wounded Warrior Resource Center Website (WWRC) is a Department of Defense Website which provides wounded service members, their families, and caregivers with information they need on military facilities, healthcare services, and benefits. It supports access to the Wounded Warrior Resource Call Center and trained specialists who are available 24 hours a day, 7 days a week by phone at 1-800-342-9647 or by e-mail at wwrc@militaryonesource.com.

Know Your Resources for Managing Mental Health

Managing mental health and psychological wellness is a growing concern to leadership throughout Department of Defense (DoD). Having adequate access to psychological health resources is necessary for preserving wellness, a key component in maintaining operational readiness for Sailors and Marines worldwide.

According to Dr. Mark Long, Health Promotion Educator with the Navy and Marine Corps Public Health Center, numerous DoD and DoN psychological health resources exist for Sailors, Marines, medical personnel, and families.

"However, our beneficiaries may not be aware of all the services, programs, web-based resources, and phone lines that are readily available," said Long. "The Navy and Marine Corps want everyone to be able to manage their stress, and be able to bounce back from difficulties, be mentally fit, and know it is good to get help."

Counseling is available at Military Treatment Facility (MTF) Mental Health Departments throughout DoD, as well as Substance Abuse Rehabilitation Programs, and Marine Corps Division Psychiatry/OSCAR program.

Additionally, each MTF has a Care for the Caregiver Occupational Stress Control program designed for medical personnel, and the Deployment Health Clinics are available to assist with any difficulties before and after deployment.

Long also noted that the Navy and Marine Corps Public Health Center is a "one-stop shopping" web-based resource for Navy and Marine Corps personnel, their families and others seeking mental health tools.

On-base services, programs and counseling are available through the Navy Fleet Family Support Centers: ***https://www.nffsp.org***
and Marine Corps Community Services. Many bases also include Focus Project, which builds resiliency among children, parents and families: ***http://www.focusproject.org***

TRICARE, available online at: ***https://www.tricareonline.com***
offers behavioral health counseling through their network of local providers, and TRICARE West offers information through their Behavioral Health website: ***http://www.triwest.com/beneficiary/behavioral-health/default.aspx***

"The bottom line is knowing where to go and having these resources available at your fingertips before a crisis takes hold and has a negative outcome for the servicemember," said Long.

The following is a listing of topic-specific resources available online:

Military One Source is available 24/7 at 1-800-342-9647 and offers live assistance as well as free confidential counseling and resources for the individual and the family: ***www.militaryonesource.com***

Military Chaplains have round-the-clock service via phone at 1-877-418-6824 or e-mail at the Chaplain Care website ***http://chaplaincare.navy.mil/***

The Chaplains also offer an excellent retreat experience through CREDO and personal counseling.

The Defense Center for Excellence in Psychological Health and Traumatic Brain Injury: ***http://www.dcoe.health.mil/***
offers training, resources and information! They have developed campaigns and resources to encourage seeking help and to de-stigmatize getting assistance. The Real Warriors Campaign: ***http;//www.realwarriors.net/*** and After Deployment: ***http://afterdeployment.org*** offer lots of practical and ready to use ready materials.

Operational and Combat Stress Control information and resources may be found at Navy Knowledge Online: ***www.nko.navy.mil***
the Navy Center for Combat and Operational Stress Control: ***http://www.med.navy.mil/sites/nmcsd/nccosc/Pages/default.aspx***
U.S. Marine Corps: ***http://www.usmc-mccs.org/cosc/index.cfm?sid=mi&smid=1***
and Navy Marine Corps Public Health Center: ***http://www.nmcphc.med.navy.mil/Healthy_Living/Psychological_Health/Stress_Management/operandcombatstress.aspx***

Military Mental Health Screening is an on line anonymous and confidential service: ***http://www.militarymentalhealth.org/Welcome.aspx***

Suicide is a sensitive issue, and preventing self harm is a priority of both the Marines and the Navy. There is a national helpline 1-800-273-TALK and website: ***http://www.suicidepreventionlifeline.org/***

Each service has a suicide prevention program with many materials and resources.

USMC Suicide Prevention: ***http://www.usmc.mccs.org/suicideprevent/index.cfm?sid=ml***

Navy Suicide Prevention: ***www.suicide.navy.mil***
http://www.npc.navy.mil/CommandSupport/SuicidePrevention/

For more information on mental health, visit the NMCPHC website at: ***http://www.nmcphc.med.navy.mil/Healthy_Living/***

–Hugh Cox, NMCPHC Public Affairs

NMCSD's Focus for Brain Injury Awareness

A Traumatic Brain Injury (TBI) is caused by a blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all head trauma results in a TBI. The severity of a TBI may range from "mild," such as a brief change in cognitive (knowledge-related) ability, appearance, emotional mood, and speech, thought patterns or consciousness to "severe," such as an extended period of unconsciousness or amnesia after the injury.

The brain is very complex and every brain injury is different. Some symptoms may appear right away, while others may not show up for days or weeks after the injury. Sometimes the injury is difficult for individuals to recognize or admit they are having problems.

The mission of the Defense and Veterans Brain Injury Center (DVBIC) is to serve active duty (AD) military, their beneficiaries and veterans with TBI through state-of-the-art clinical care, innovative clinical research initiatives, and educational programs. DVBIC has ongoing collaboration with the military, Department of Veteran's Affairs, civilian health partners, local communities, families, and individuals with TBI.

DVBIC has two sites in San Diego. One is located at Naval Medical Center San Diego (NMCSD) and has actively evaluated AD military personnel with TBI since 1994. The other is the Concussion Clinic at Camp Pendleton, which was established in 1999 as part of a surveillance study of concussions in the 1st Marine Expeditionary Force. It has developed into a fully-staffed clinical service providing improved access to care for Marines.

The DVBIC mission of providing clinical service while engaging in an active program of clinical research has been a constant goal for the past 15 years. The NMCSD DVBIC provides an array of clinical services, including, but not limited to: TBI screening, evaluation, patient and family education, case management, neuropsychological assessment, testing for flight status, duty status determination, and consultation services with various disciplines.

If you or someone you know is exhibiting TBI symptoms, you are encouraged to seek a referral from your Primary Care Manager or the Emergency Department to NMCSD's Department of Neurosurgery or the DVBIC NMCSD.

For more information about DVBIC NMCSD or the DVBIC Concussion Clinic at Camp Pendleton, visit the following web sites:

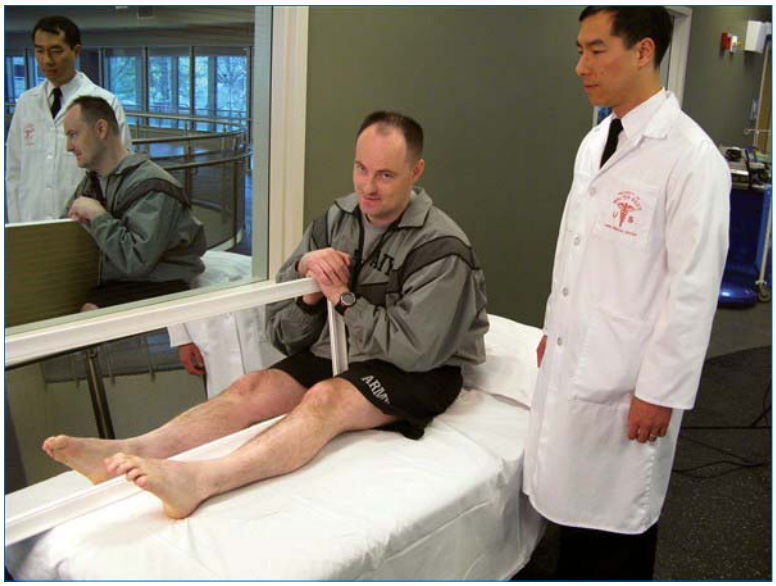
http://www.dvbic.org/Locations/Sites/NMC-San-Diego,-CA.aspx
http://www.dvbic.org/Locations/Sites/Camp-Pendleton,-CA.aspx

Additional information is available via the National Brain Injury Center: (800) 444-6443.

Mirror Therapy Shows Promise in Amputee Treatment

When Army SGT Nicholas Paupore puts a mirror near his left leg, he's whole again. The right leg that was destroyed when an explosively-formed penetrator ripped through his Humvee just south of Kirkuk, Iraq, suddenly reappears before his eyes, reflecting the left leg that remains.

Paupore, 32, admitted he was skeptical when CDR Jack Tsao, MC, suggested using a mirror to help him deal with excruciating pain he continued feeling in his missing right leg.



The phenomenon, called "phantom limb pain," plagues as many as half of all amputees, likely the result of a faulty signal between the brain and the missing appendage, Tsao explained. Neurons in the brain continue sending out signals to a limb that's no longer there. As a result, amputees can feel discomfort or pain and, in some cases, the sense that their missing limb is stuck in an uncomfortable position.

For Paupore the pain felt like electric shocks or knives stabbing into his missing leg. "It felt like someone … was putting an electrode on the back of my ankle," he said. Paupore tried several different painkillers, including morphine, but none gave him relief.

Tsao, associate professor of neurology at the Uniformed Services University of the Health Sciences thought he was on to something when he revisited literature he'd first seen while in graduate school. Vilayanur Ramachandran, a neuroscientist at the University of California San Diego, had come up with mirror therapy to treat phantom limb pain in upper extremities.

Ramachandran used mirrors so amputees could "see" and "move" their missing limbs to relieve the discomfort. Tsao set up a clinical trial and recruited 18 combat-wounded amputees suffering from phantom limb pain to participate.

Paupore admitted he wasn't convinced when Tsao first proposed the trial, but said he figured he had nothing to lose. "I was really skeptical," he said. "But I figured, I'm not going anywhere, so I'll try it."

Tsao randomly assigned the participants into three groups. One group received mirror therapy as advocated by Ramachandran. One went through the same therapy, but with the mirror covered by a sheet so it didn't reflect the limb. The third group got no mirror and simply visualized seeing the missing limb in a mirror.

Paupore began the trial in the second group, with a covered mirror. After 4 weeks, he felt little change. But when Tsao switched him to the group using an uncovered mirror so he was able to "see" his missing leg, Paupore saw immediate improvement.

Sitting on a hospital bed with his legs fully extended, Paupore demonstrated the therapy. He put a standard 6-foot-long mirror lengthwise between his left leg and the residual stump on his right side, with the mirror reflecting the intact leg. He moved the leg, watching the movement in the mirror and imagining that his missing leg was making the movements.

The very first time he tried it, Paupore felt something happening. "The stump started firing off right away," he said. "It got a little uncomfortable."

Participants in the trial used the mirror therapy technique 15 minutes a day, 5 days a week for 4 weeks. "Pain levels seemed to come down after the first week and keep diminishing," Tsao said. Every single person who used the mirror experienced relief, and some reported that their phantom pain disappeared altogether.

Tsao continued administering the therapy for an additional 4-8 weeks and saw more success in patients who still felt phantom pain. Many were able to get off their pain medicine altogether or bring their pain levels down to a point where it was manageable with low dosages of drugs, he said.

"The mirror works for most people who have tried it," Tsao said. "It doesn't work fully for everyone. Some people are left with some residual pain, but it is better than when they started. For the most part, if you talk to the amputees here, they have actually been able to get off the medications, some sooner than others."

Those who used the covered mirror or visualization had far less success, Tsao reported. Some said their phantom pain actually worsened until they began therapy with an actual mirror.

More than a year after completing his mirror therapy, Paupore said he still experiences occasional phantom pain, but "only once in a great while." The pain is far less severe than before the mirror therapy, and Paupore is off painkillers altogether.

Paupore said he encourages other amputees suffering from phantom pain to give mirror therapy a try. "I've always recommended it to them," he said. "At least give it a try. Some people may get mild help out of it; some may get extraordinary help out of it."

Tsao is quick to say mirror therapy doesn't work for everybody. "It's not a cure-all for all kinds of phantom pain, but it's definitely a way to improve therapy," he said.

Even patients whose pain remains after the therapy reported less severe symptoms. "A lot of them are very surprised that they are actually able to get movement and then the pain seems to be going away."

Tsao published the results of the clinical trials in fall 2007 in the New England Journal of Medicine. Based on the promise it's shown, he said, he hopes to get approval for two more studies.

MCPON Rick West visits with a wounded service member while at the National Naval Medical Center in Bethesda, MD. Photo by MC1 Jennifer A. Villalovos, USN

One will test mirror therapy for treating phantom pain in missing arms; Tsao said he hopes to conduct that trial both at Walter Reed Center for the Intrepid military rehabilitation facility, and at Brooke Army Medical Center in San Antonio. The second trial, called functional magnetic resonance imaging, will attempt to figure out precisely why mirror therapy works.

Overall, Tsao called the Defense Department's advances in treating amputees "nothing short of phenomenal" and said he's proud to be playing a part.

"I think the most gratifying part of this is that we are actually able to help in the rehabilitation process for the amputees here," he said. "I go home everyday knowing people are going to be getting better. It makes me feel great."

–By Donna Miles, American Forces Press Service

Peter Harsch, Prostheses practitioner, explains to the HON Ray Mabus, SECNAV, the capabilities of the prosthestic lab in the Comprehensive Combat and Complex Casualty Care (C5) facility at Naval Medical Center San Diego. The C5 program manages severely wounded, ill, and injured patients from medical evacuation through inpatient care, outpatient rehabilitation, and eventual return to active duty or transition from the military. Photo by MC1 Anastasia Puscian, USN

College Teams to Honor Vets With Camo Gear

Maryland and South Carolina will wear uniforms with camouflage designs during their games 14 November to honor military veterans and promote the Wounded Warrior Project (WWP). The black with tan camouflage uniforms, designed by Under Armour®, will have a wounded warrior logo on them. Instead of players' names, the backs of the jerseys will have words such as courage, loyalty, integrity, and service.

"Ooooh," South Carolina defensive tackle Ladi Ajiboye said Tuesday after seeing the camouflage cleats the Gamecocks will wear. "I could wear these the whole season."

The WWP acts as an advocate for injured service men and women in Washington and provides services and programs for them.

The 23rd-ranked Gamecocks play No. 2 Florida that day, and Maryland faces No. 15 Virginia Tech.

South Carolina's campus is 15 miles from Fort Jackson, the Army's largest training base. Gamecocks coach Steve Spurrier wanted to wear the special uniforms as soon as he heard about the idea and encouraged fans to support the program. Warriors charity can help even more veterans. "We're honored to be associated with these brave men. I like that word courage. We're trying to encourage our football players to play with a little more courage like the way these guys do for our country," Spurrier said at a news conference.

Maryland also held a news conference to announce the promotion on its campus in College Park. "It's certainly an honor for us to be involved in this project. I think our kids are very excited about it," coach Ralph Friedgen said. Some jerseys will be auctioned off after the games on the university websites, with all of the money being donated to the WWP.

"This is an amazing platform that will help us let others know about what we do and why honoring and empowering wounded warriors is so important," Steven Nardizzi, executive director of the WWP, said in a release.

Under Armour® apparel and team gear with the wounded warrior logo, such as hooded sweat shirts and polo shirts, will be sold in college bookstores, and a portion of the proceeds will go to WWP.

"Partnering with an organization such as the WWP allows Under Armour® a unique opportunity to connect with college football fans and our athletes on a whole new level, while also supporting the overall mission of the WWP," Kevin Plank, CEO of Under Armour®, said in a statement.

University of Maryland: ***www.umd.edu;*** University of South Carolina: ***www.sc.edu;*** Virginia Tech: ***www.vt.edu***

University of Florida: ***www.ufl.edu***

NHB Sailors Challenge Themselves To Benefit The Battle Wounded

Staff members from Naval Hospital Bremerton (NHB) enhanced their physical readiness training and benefited others by participating in a yearly Crossfit experience.

HM1 Adam Cerullo, HM2 Lawrence Duran, and HM Jason Kirkendall competed in 'Fight Gone Bad,' an annual worldwide Crossfit event which has raised over $1 million this year alone to benefit non-profit organizations Wounded Warriors Project (WWP) and Athletes for a Cure.

"Participating in any event to benefit our wounded warriors, regardless of the branch you belong to, should be incentive enough to participate in this event," said Cerullo. "Crossfit is just another means for us to get together and get a great workout motivating each other."

For the uninitiated, Crossfit is a relatively new exercise phenomenon that combines three exercise disciplines: gymnastics, traditional cardio workouts, and Olympic-style weightlifting. Key to the workouts is incorporating numerous physical fitness aspects such as cardiovascular conditioning, strength, flexibility, coordination, and agility that make the person continually have to adapt too effectively and efficiently handle the workload to get the most out of the routine.

The "Fight Gone Bad" Crossfit challenge was held at Kitsap Crossfit in Poulsbo, WA, and consisted of three, 5-minute rounds of five events in which the individual tries to perform a maximum amount of repetitions or burn the most calories with a 1-minute rest period at the end of each round. Event exercises included are a 20 pound medicine ball thrown against a target at a height of 10 feet; Sumo dead lift high-pull of a 75 pound weight; box jump a height of 20 inches; push-press a weight of 75 pounds; and rowing machine.

"The WWP is a fantastic organization that provides very important and needed assistance to our service men and women who have been severely wounded," said Dan Hollingsworth, formerly a LT and physical therapist while on active duty who has continued his career path as a physical therapist along with co-owning Kitsap Crossfit with his wife, Amy Hollingsworth. "Supporting this organization is a great way to show our service men and women that we truly appreciate the sacrifices they have made and continue to make."

HM2 Lawrence Duran (R) performs the box jump event with Dan Hollingsworth (C) while HM Jason Kirkendall (L) observes proper form and counts repetitions. Photo by MC1(SW) Charlemagne Obana, USN

"I will definitely share the knowledge I've gained from this event and from Crossfit with my fellow Sailors," said Cerullo, leading petty officer in physical therapy at NHB and a command fitness leader. "It's all about getting a good workout partner watching out for you and providing a controlled atmosphere where your workout can be intensified and effective and at the same time not cause any injury."

As with any fitness program, service members should consult with their medical service provider and command fitness leader for guidance and advice before beginning a training regiment.

– MC1Charlemagne Obana, NHB Public Affairs.

Team Wounded Warrior from Naval Medical Center Portsmouth in Portsmouth, VA, shoots the rapids down the Gauley River during the first day of the 2009 All-Military Wilderness Challenge in West Virginia. The Wilderness Challenge is a competition between military teams from across the country in five extreme outdoor events. Marines from the "Dale Milton Racing" team from Camp Lejune, NC, won the 9th annual Wilderness Challenge, completing all five events in a time of 7:17:41. Photo by Mark Piggott

CAPT Miguel A. Cubano, Command Surgeon for U.S. Southern Command, speaks during a pandemic influenza table-top exercise in Panama City. The exercise was held in conjunction with Fuerzas Aliadas PANAMAX 2009. PANAMAX is a multinational exercise tailored to the defense of the Panama Canal involving 20 countries and more than 4,500 personnel from the U. S. Southern Command area of responsibility. Photo by MC1 David P. Coleman, USN

Naval Health Clinic New England (NHCNE), Newport, RI, held a Drive-Thru Point of Distribution (POD) event on their compound to dispense FLUMIST for the seasonal flu to eligible staff members. The POD was a 'Drive Thru' where staff drove their vehicles to various checkpoints to have their paperwork verified and approved, and then they received the FLUMIST vaccine while in their automobiles.

–Story and photos by Kathy MacKnight, NHCNE Public Affairs.

A team from the Expeditionary Medical Facility in Camp Lemonnier, Djibouti provided influenza vaccines to service members assigned to Combined Joint Task Force—Horn of Africa and Camp Lemonier.

"Getting a shot is a whole lot easier than trying to get rid of the flu," said HM1 Robert Barker, assigned to the 81st Expeditionary Rescue Squadron (EMF).

The EMF established a team to provide prevention, response planning and education to camp personnel about the effects of the influenza virus.

"The influenza virus has the potential to have devastating effects on our military operations," said LTJG Michael Rucker, assistant public health emergency officer. "Therefore it is vital for us to educate everyone on our installation of the importance of getting vaccinated and preventing the spread of germs."

–Story and photos by MSGT Carlotta Holley, CJTF–HOA.

Just a little stab will do ya...CAPT Mark E. Brouker, Naval Hospital Bremerton CO, is administered his seasonal flu inoculation. Photo by Douglas H. Stutz

Help Prevent the FLU!

Novel Influenza Type A (H1N1) is now the predominant strain of influenza in the U.S. Like seasonal influenza this new virus causes mostly mild illness, but for some people the illness can be serious or fatal. To keep from getting influenza (flu):

Get vaccinated for both seasonal flu and the novel H1N1 flu. H1N1 flu vaccine will arrive soon. Target groups for vaccination:

- Pregnant women
- Household contacts and other caregivers of children less than 6 months old
- Healthcare workers and emergency services personnel
- People 6 months through 24 years old
- People 25-64 years old with medical conditions that increase their risk of complications from flu

Seasonal flu vaccine target groups:

- Children 6 months through 18 years old
- Adults 50 years and older
- Other ages with medical conditions that increase the risk of complications from flu
- Pregnant women
- Healthcare workers
- Residents of nursing homes and other long-term care facilities
- Household contacts and caregivers of children less than 6 months old or any risk groups above

Prevention measures:Call the NMCSD Flu Hotline at 619-532-5FLU for information about vaccine availability and clinic hours.

- Avoid exposure to sick people if possible.
- Wash your hands frequently with soap and water, or clean with alcohol-based hand cleaner.
- Avoid touching your eyes, nose or mouth.

If you do get sick with flu-like illness:

- Stay home as much as possible.
- If employed, notify your supervisor.
- Cover your cough or sneeze with a tissue (proper cough etiquette), and then put your used tissue in the waste basket.
- If you don't have a tissue, then cough or sneeze into your upper sleeve or elbow, not your hands.
- Clean your hands with soap and water or hand sanitizer after coughing or sneezing.
- Wear a mask if around other people.
- Contact your medical provider within 48 hours of symptom onset, if you have conditions that increase your risk for
- complications from the flu, such as:
    - Children younger than 5, but especially children younger than 2 years old
    - Pregnant women
    - People 65 and older
    - People who have cancer
    - Blood disorders (including sickle cell disease)
    - Chronic lung disease (including asthma or chronic obstructive pulmonary disease (COPD))
    - Diabetes
    - Heart disease
    - Kidney disorders
    - Liver disorders
    - Neurological disorders (including nervous system, brain or spinal cord)
- Seek medical care immediately if you or your children have any of these warning signs:
    - Fast breathing or difficulty breathing
    - Bluish skin color
    - Not drinking enough fluids
    - Not waking up or not interacting
    - Being so irritable that the child does not want to be held
    - Flu-like symptoms improve but then return with fever and worse cough
    - Fever with a rash
    - Pain or pressure in the chest or abdomen
    - Sudden dizziness
    - Confusion
    - Severe or persistent vomiting

For more information on flu and health issues please refer to the following websites:

http://www.cdc.gov/h1n1flu/guidance_homecare.htm

http://www.cdc.gov/h1n1flu/

Suicide Prevention Poster Contest Winners

The winners of the 2009 Suicide Prevention Poster Contest are:

First Place: Team Sterett: FC1(SW) Stephen Zeller, FC1(SW) Charles Long, FC2 Matthew Poling.

Second Place: Team FRC Mid-Atlantic Site Corpus Christi.

Third Place: STG2 Eric Diego Ocampo - USS *Lake Erie* (CG-70).

The Behavioral Health program office received 36 entries during the 6 week entry timeline. A panel of expert judges narrowed the field down to six finalist. Sailors then voted for their favorite via NPC Poll technology.

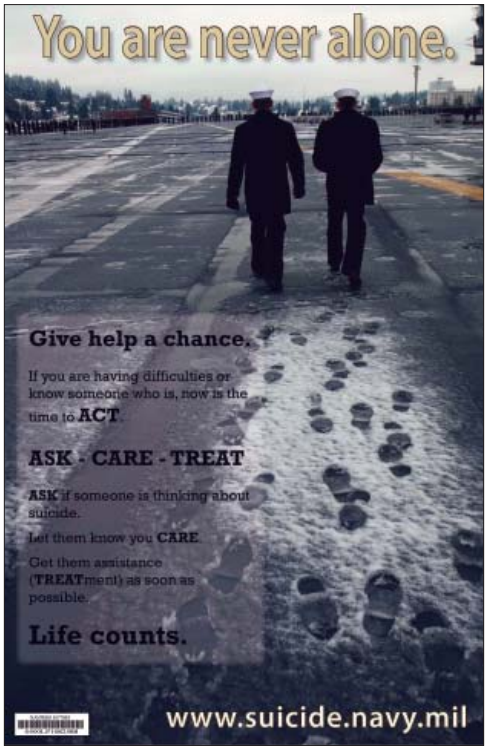
The quality and sincerity of purpose of the entries was such that many entrants can expect to be contacted in the upcoming weeks on use of their entry in further suicide prevention efforts.

The winning poster, "Warning Signs" will be distributed Fleet wide starting in November. All three winning designs will be available for ordering from the Naval Logistics Library starting in November. All orders are shipped free of charge to your command.

The winning poster is to be featured in the 2009 November issue of *All Hands* magazine.

Suicide Prevention is an All Hands Evolution.

Some Other Poster Entries



Seven Ways to Suicide Prevention

Navy considers suicide prevention an "All Hands" evolution all the time. Although September is officially recognized as Suicide Prevention Month, it makes sense to pause, once in a while, from our day-to-day efforts and consider some additional preventive actions. Here are seven actions that individuals, families, work centers, or commands can take to contribute to suicide prevention any time of year.

1) You make a difference – Pass it on

Small seeds of hope or a sense of effectiveness and belonging can grow to form the threads that sustain us through tough times.

Make the effort to let three people in your life (family, friends, shipmates, or simply people who you cross paths with routinely) know that they make a difference to you. Be specific about how and why you appreciate who they are and what they do that makes a difference in your life. Ask that they pass it on by honoring three people in their lives this way.

To see a real life example of this process in action see: ***www.blueribbonmovie.com.***

2) Run a "fire" drill

Most of us do not necessarily expect to be in a fire but we go through drills about what to do if we find ourselves in a fire or other disaster. If we ever need it, we know the escape routes—even if they are hard to see because of smoke or darkness. However, it is not often that we consider or practice what to do if our brains or hearts are "on fire" (when we encounter a personal crisis or have a chance to help another person in crisis).

Consider what you would do in a personal crisis within yourself or someone else. Run a drill to practice your plan. It may feel awkward to practice saying "I am so upset, I am thinking of hurting myself;" "I have so many problems piled up and am so overwhelmed that I am desperate and need to talk so I can think straight;" or "I am feeling suicidal and need help;" but, it also feels awkward doing CPR on a mannequin or jumping into a sawdust pit to learn how to land properly for a parachute jump. The bottom line is that you don't want to have to figure out how to land right on the way to the ground; you don't want to figure out how to do chest compressions with a person unconscious in front of you; and, you don't want to figure out how to reach out when you or someone else is already in the middle of the darkness of a personal crisis.

Practice with a partner, or small group, on how to ACT (Ask – Care – Treat).

Ask—if someone is thinking of suicide.

Care—Listen, offer hope, don't judge.

Treat—Take action, don't leave the person alone, get assistance.

Front Line Supervisor Training is a suicide prevention training course that provides an excellent opportunity to discuss and role play some realistic scenarios, and practice your communication and intervention skills.

For commands, this is a good time to test your crisis response plan. Have someone call the duty office and have the duty section practice going through their plan to talk, gather information, and access support. Practice your plan to assist someone onboard who is at acute risk. Check your safety considerations. Update the recall roster.

For emergency responders or medical commands, run a drill to practice your protocols for suicide risk and response.

3) Do a self-assessment

Stress affects us all and health problems like sleep difficulties, depression, and anxiety are extremely common. For example, one in five people will have at least one episode of major depression. Sometimes wear and tear or illness creeps up on us slowly like a cancer and we don't feel quite right but really don't understand that anything is wrong until it really takes a toll. The website below leads to an anonymous online self-assessment tool. Take a few minutes and see where you are. If you can recognize a concern early, there are many resources to address it before it starts to impact your work performance, relationships, and health in negative ways.

www.militarymentalhealth.org

For commands: go through the check list in OPNAVINST 1720.4A and see how you are doing as a command in implementing your suicide prevention program.

Early proactive resources:

- Military OneSource: 800-342-9647 or ***www.militaryonesource.com***
- Chaplains: ***www.chaplaincare.navy.mil***
- Fleet and Family Support Center: 800-372-5463 or ***www.cnic.navy.mil/CNIC_HQ_Site/FleetandFamilyReadiness/FamilyReadiness/FleetFamilySupport***
- Tricare (now offering remote and web based counseling in CONUS): 800-600-9332 (CONUS) or ***www.tricareonline.com.***

Additional Resources

- Medical Facility and/or Mental Health;
- National Suicide Prevention Lifeline: 800-273-TALK; and,
- Navy Marine Corps Public Health Center: ***www.nmcphc.med.navy.mil.***

4) Connect with the community

Suicide affects every state, community, and demographic group. Don't go it alone. There are many organizations and opportunities in your community.

These are a few of the many organizations that can give you ideas and links to local activities. There are also many state, community, and youth specific activities.

- American Association of Suicidology ***www.suicidology.org***

- American Foundation for Suicide Prevention ***www.afsp.org***
- Suicide Prevention Resource Counsel ***www.sprc.org***

5) Engage in fellowship, meditation, or prayer

In keeping with your beliefs, work with your local chaplain, faith group, or friends to hold a breakfast or lunch in which suicide awareness (warning signs, risk, and protective factors) is discussed. Set aside time for meditation or prayer on behalf of those struggling in the darkness of a personal crisis in which they may be contemplating taking their life. Or, hold a vigil for a few days or a week where each day a different group of people agrees to pray together at a certain time.

6) Good grief

Survey's show that upwards of half of our personnel knew someone personally who lost a struggle to suicide. The pain caused by suicide loss does not heal quickly or easily and some studies estimate that the effects of suicide on a family lasts for generations. If you are grieving a loss (or putting off even thinking about it for years), make some time to sort things out and facilitate healing.

For families who have lost a service member for any reason, TAPS (Tragedy Assistance Program for Survivors), at ***www.taps.org*** or 800-959-TAPS, can be a helpful resource.

There are many books, DVDs and resources for working through grief. Your local chaplain or Fleet and Family Support Center can assist and make recommendations.

7) Share your story

Every day, people find hope and strength amidst adversity and reach out to help one another. If you have overcome a personal crisis, we invite you to email us with your story to share with others (no names will be included). Please share what helped you. If you helped someone through a crisis and assisted in saving a life, we also invite you to share your experience. We will share them throughout the year (with no names or identifiers) at ***www.suicide.navy.mil*** If your command has done something in your suicide prevention program that you consider a practice worth sharing, we welcome your stories also.

Send your emails to suicideprevention@navy.mil.

For more information on Navy Suicide Prevention, go to ***www.suicide.navy.mil***

Corpsmen Boost IA Medical Capabilities

Navy corpsmen here have been conducting medical training with the Iraqi Army (IA) since their battalion arrived to this base in February.

Once a week, HM3 Jennifer Ybarra and HM3 Vincent Hernandez, with Combat Logistics Battalion-7's Battalion Aid Station (BAS), and MC1(SW) Arthur N. De La Cruz, the senior enlisted leader at the BAS, conduct classes with the IA medical staff.

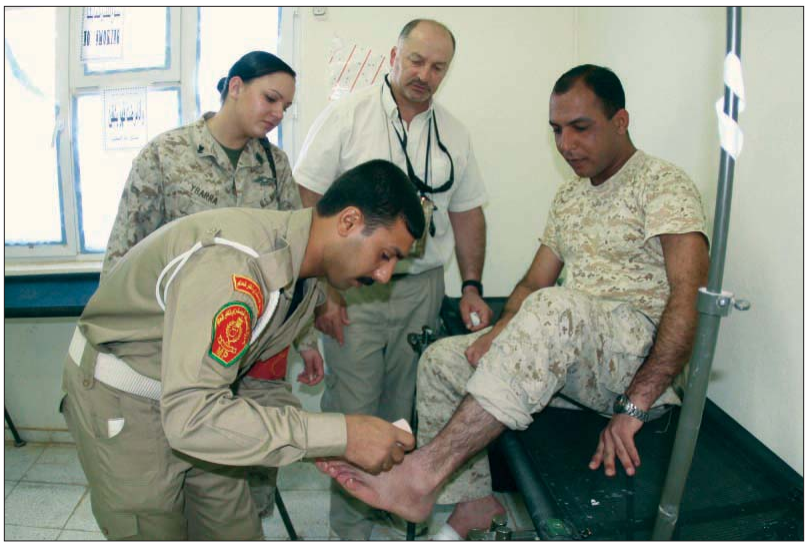
The purpose of the medical partnership is to upgrade the knowledge and skills of the IA medical personnel and prepare them for the departure of U.S. forces, said De La Cruz.

Classes have been taught on a range of topics, to include swine flu, sports injuries, burns, battle wounds, fractures, mass casualty drills, and sexually transmitted diseases.

Each training session is conducted in a standard classroom environment using manuals that are translated into Arabic and with the assistance of an Arabic interpreter, who ensures the Iraqi soldiers comprehend the information being presented.

Following the classroom instruction, Iraqi soldiers conduct practical applications to make sure they are fully grasping the basic concepts and can also apply it to a real life situation.

"A lot of times [the Iraqis] will be able to explain to you how to perform a specific task, but when we actually practice



HM3 Jennifer Ybarra observes as a member of the 7th Iraqi Army Division's medical staff practices wrapping an ankle sprain aboard Camp Mejid. Photo by LCPL Melissa Latty, USMC, 2nd Marine Logistic Group

the procedure and physically do it, they are not able to perform," said Ybarra.

Although there are still some areas in need of improvement, the corpsmen said the Iraqi soldiers are making a great deal of progress.

"When we were teaching a class on primary and secondary assessment of a casualty, there was an Iraqi soldier who, we could tell, knew what he was doing and was able to explain each step as he did it," said De La Cruz. "We were impressed with all the things he remembered. Those are the guys we really know want to learn and want to do well in this field."

One of the major points the corpsmen stress to the Iraqis is the importance of having a standard procedure for every situation.

"In the U.S., medical is universal," De La Cruz said. "Anywhere you go the procedures will be done almost exactly the same. Here they are each taught a different way of doing things."

To help the Iraqi soldiers accomplish standard operating medical procedures, they are given pamphlets translated into Arabic to keep on file for reference.

"We hope that as we leave the country, they will be a more organized military and will be able to operate on their own," said De La Cruz.

"They need to develop a self-dependency as they look to improve their military. Without a good medical system that will be difficult to accomplish," he continued.

–Story by LCPL Melissa Latty, 2nd Marine Logistic Group.

Education Fair Held at NHB

Representatives from over a dozen colleges and universities were on hand to assist sailors and civilians at the education fair held at Naval Hospital Bremerton (NHB).

Sponsored by NHB Education and Training Department, the annual event gave staff members and visiting beneficiaries the chance to examine the opportunities and options available to enrich their professional careers and educational interests.

"Sailors may not be able to get time off from their respective work centers for whatever reason to contact a school representative or research potential schools on their own," said HMC Charles Bloomquist, NHB Educational Services Officer. "By holding this fair, we have the representatives come from local area colleges and satellite schools, and they can showcase their different degree programs so our Sailors are aware of what is offered. They can jumpstart their goal of a degree without taking too much time away from their work."

"I already have an Associates Degree, and I am finishing up my Bachelors Degree," said HMC Noel Gravina, NHB Laboratory LCPO. "To stay competitive and marketable, a Sailor needs at least a Bachelors Degree."

The Navy's recently revamped promotion process now favors Sailors taking the E-4 to E-6 advancement exams with an Associates or Bachelors Degree by awarding 2 to 4 points respectively when scoring the Sailors final multiple. Also, Sailors receive a competitive edge with college courses taken or degrees completed when being evaluated for regular evaluations or Sailor of the Quarter boards.

"You can't afford not to have a degree," stated Bloomquist. "With the aid of the tuition assistance program which pays for college classes 100 percent (with the exception of books), a Sailor can complete a college education without even touching their G.I. Bill which they can, in turn, pass on to their spouse or dependent. Even with the working hours, whether a Sailor actually sits in a classroom or takes online classes, they just need to take the time to do it."

HMC Noel Gravina consults with Kris Yarnell, field representative for University of Maryland University College. Photo by MC1(SW) Charlemagne Obana

With the ever increasing need for personnel deploying to individual augmentee (IA) assignments in Afghanistan, Iraq, and Africa, Sailors may be dissuaded from beginning or continuing

a degree program due to the perceived inability to pursue their education in a potential war zone. Contrary to that belief, there are still a number of service members taking college classes in these battlefields.

"We have service members in Afghanistan taking classes with us by using the learning tools we provide them," said Natasha Cruz, manager of Bellevue University (BU) SELECT Courses. "We send them a laptop and learning materials on CD-ROMs so they don't even need an internet connection to complete their course of study."

"When I went on my IA in Kuwait, we had an Army library with internet capabilities, tuition assistance was still available, and personnel were able to get their books delivered from stateside," added Bloomquist. "It really depends on each individual's job description on their IA. If a Sailor has the opportunity to pursue their education during their IA, then they should since there are often less distractions during your down time on a deployment."

Drawing from the success of this event, NHB is planning to expand the event and increase its frequency. "We're planning on making this a semi-annual event," said Bloomquist. "Just this year, we've had 192 applications for tuition assistance and I've seen an influx of Sailors pursuing a college education since last year. These educational fairs are making a positive impact on our Sailors. As a CPO, a leader, it is my job to challenge our Sailors to make them the best they can be by making them well rounded. One of the best ways of achieving that goal is encouraging them to earn a college degree."

–By MC1(SW) Charlemagne Obana, NHB Public Affairs.

NHB Shaked, Rattled and Rolled but stays under Control

Naval Hospital Bremerton (NHB) held a full scale training exercise, Operation "Controlled Chaos" to test command readiness and emergency response to an earthquake for providing medical care in a mass casualty scenario.

"By all reports the exercise went really well," said CAPT Mark Brouker, NHB CO. "There were some good lessons learned and we'll implement that new knowledge the next time."

Preparing for the inevitable is a vital task that hospital staff undertake as part of their overall training. According to CAPT Ken Iverson, NHB XO, some of the main objectives of the exercise were to rapidly test and evaluate damage to the facility itself; assisting with injuries; tracking patients through treatment areas, and assess if we could sustain for 72 hours, if necessary.

Doctors, nurses, hospital corpsmen, and support staff were also tested and evaluated on their ability to set up, activate, triage, and transport ambulatory and non-ambulatory trauma patients to the correct treatment areas. Moulage was used to simulate approximately 25 patients, character-actors on loan from USS *Emory S. Land* (AS-39), who were handled by staff members for a variety of injuries, mainly abrasions, lacerations, and contusions. "We were also cautiously prepared to handle others as needed," said Iverson.

The earthquake scenario is not a far-fetched, outlandish idea. The Nisqually earthquake of 2001 measured 6.8 on the Richter scale and gave NHB staff a forewarning of just what it was like to experience a sizable seismic shaking (the epicenter was approximately 50 miles south of Bremerton). According to local scientists, it's just a matter of time before another quake hits the Puget Sound region, which is situated near several seismic faults. As is the case in any actual event or exercise, communication proved to be the key.

"Departments such as Patient Administration and Facilities Management just nailed their communication responsibilities," said Terry Lerma, Emergency Preparedness Coordinator. "We also need to do a little bit more educational training for some, which of course is one of the reasons why we periodically hold an exercise like this. But everyone was engaged and trying."

Lerma has provided guidance and tweaked the command-wide planning effort to handle dealing with any contingency. "If it ever does happen, it's going to be when we least expect it," Lerma commented. "An exercise like this allows us to go through our procedures and response time to see how well we handle the scenario at all levels. For example, we found out that we probably need to pre-stage more medical personnel for triage needs instead of getting them from the manpower pool after it's discovered as needed."

As the training exercise name "Controlled Chaos" suggested, there was a good chance that the scenario could have spiraled out of control, but Lerma stated that the hospital leadership exhibited flexibility, foresight, and fundamental knowledge throughout the exercise. "I was impressed that our Hospital Command Center (HCC) was thinking outside the box. They were adept at problem solving, which was made easier by having all necessary information from all areas of the command come in a timely manner. They projected ahead in their thinking. If this was a real quake, we'd be here for quite some time and we'd have to make arrangements to feed everyone, possibly bunk down staff and patients, and still be standing by to render aid to those in need."

The exercise also showcased a new computer program specifically designed for such a need. "Our Information Path Patient and Staff Tracking Program gave the HCC updated real-time status that was just a click away. Bravo Zulu to Peggy Hall for her work with the program. It was tremendously helpful."

"The Earthquake drill was well organized," said HM2 Lawrence Duran, of Operational Readiness Division, who

filled the role of messenger/runner. "The disaster management command team communicated well, was able to answer questions in detail, and handled all of the "small fires" as they arose. I saw decisions being made that were informed and well thought out. There were some small issues that came up that were good learning points but were easily overcome with simple decisions that were handled at the proper levels. Communication was a key and from what I saw there were no major break downs in the plan."

Because of past experience and where the command is situated, NHB completed a unique seismic retrofit project in 2007, which vastly improved the structural ability of the facility to withstand a large earthquake. "We are the first Navy medical facility to undergo this type of seismic retrofit project," stated Russ Kent, NHB Facility Manager. "Our hospital has to be operational immediately after an earthquake and we retrofitted it to stringent criteria to be better able to withstand a sizable quake in the future."

"We did experience damage and inconvenience when the Nisqually quake hit," related Kent. "That event helped to accelerate the need for a much more secure and stable structure. Our hospital building itself is quite strong and flexible. We had no structural damage. But even with the tremor about 50 miles away and deep below the earth's surface, the ground motions, and intensity of the seismic shaking caused significant nonstructural damage, especially at the upper floors. Rigid materials such as drywall, window panes, and piping do not perform well when suddenly required to bend."

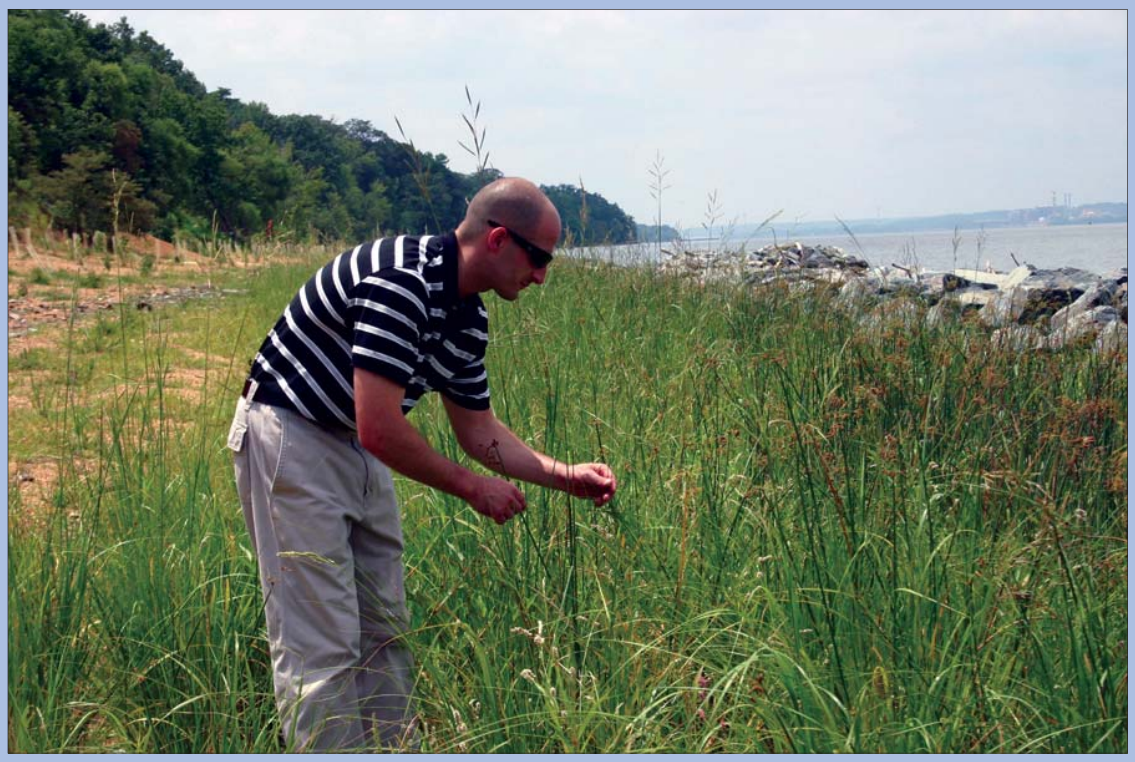
The exercise helped NHB to maintain the high standard of readiness and staying prepared for serious conditions such as disaster, weather, and mass casualty situations.

This exercise did not impact patient flow or interrupt service to any eligible beneficiary seeking medical and health services at the facility.

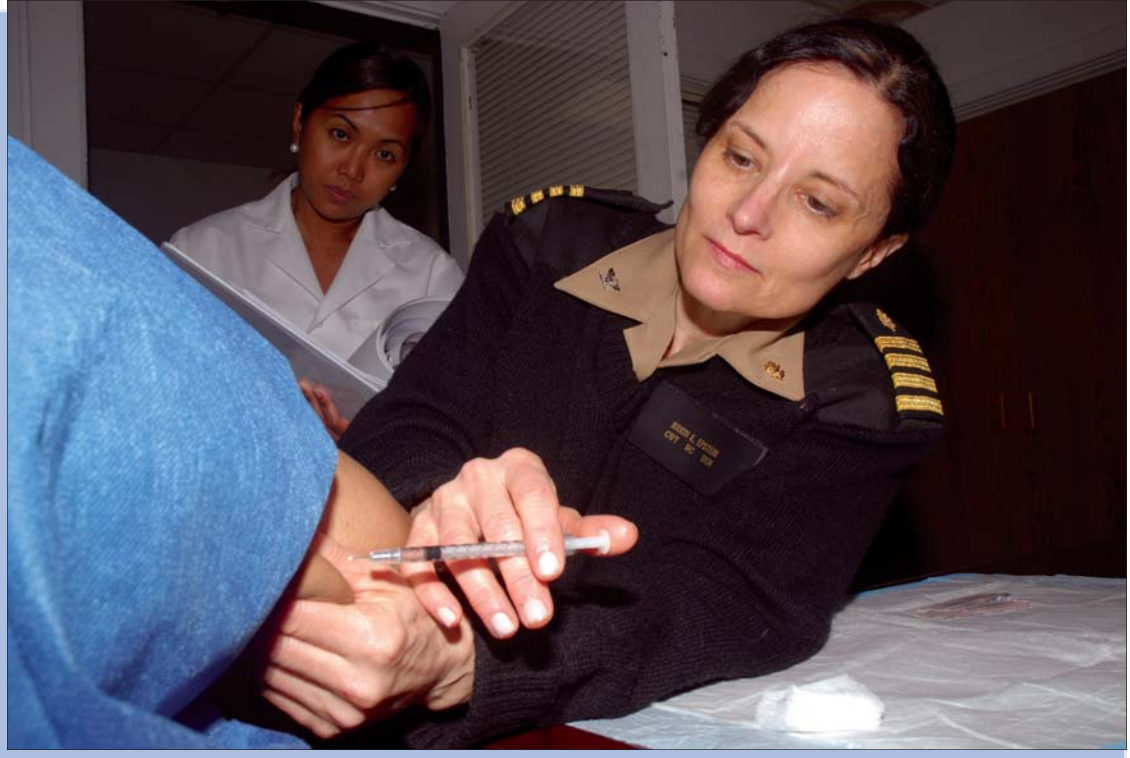
Story by Douglas H. Stutz, NHB Public Affairs.

Descriptor	Richter Magnitudes	Earthquake Effects	Frequency of Occurrence
Micro	Less than 2.0	Micro earthquakes, not felt.	About 8,000 per day
Very minor	2.0-2.9	Generally not felt, but recorded.	About 1,000 per day
Minor	3.0-3.9	Often felt, but rarely causes damage.	49,000 per year (est.)
Light	4.0-4.9	Noticeable shaking of indoor items, rattling noises. Significant damage unlikely.	6,200 per year (est.)
Moderate	5.0-5.9	Can cause major damage to poorly constructed buildings over small regions. At most slight damage to well-designed buildings. *Example: The Whittier Narrows quake in southern San Gabriel Valley caused $358 million in damage.*	800 per year
Strong	6.0-6.9	Can be destructive in areas up to about 100 miles across in populated areas. *Example: The 1994 Northridge earthquake, registered 6.7, considered a moderate quake, but the ground acceleration (earth shaking) was the highest ever instrumentally recorded in an urban area in North America. As a result, the damage caused ranks it as the most expensive seismic event to date...*	120 per year
Major	7.0-7.9	Can cause serious damage over larger areas. *Example: The Great Hanshin Earthquake in Japan in January 1995 measured 7.2, caused 6,433 deaths, and cost 10 trillion yen (exchange rate then was 98.58 to US$1) to repair all the damages.*	18 per year
Great	8.0-8.9	Can cause serious damage in areas several hundred miles across. *On the last day of September this year, disaster struck U.S. territory of American Samoa and neighboring Samoa and Tonga, as a powerful Pacific Ocean quake at dawn approximately 15 miles below the ocean surface and 120 miles away caused massive tsunami waves that flooded the islands, demolished villages, killed dozens and has left many missing.*	1 per year
Rare great	9.0 or greater	Devastating in areas several thousand miles across. ***Example**: Dec. 2004: The Indian Ocean quake, which registering a magnitude of 9.1-9.3. The epicenter was off the coast of the Indonesian island of Sumatra, caused a series of gigantic tsunamis that caused more than 229,000 fatalities. In many nations along the Indian Ocean. U.S. Navy involvement was in-depth, from Operation Unified Assistance on Banda Aceh Province, Sumatra, to Sri Lanka to Thailand.*	1 per 20 years

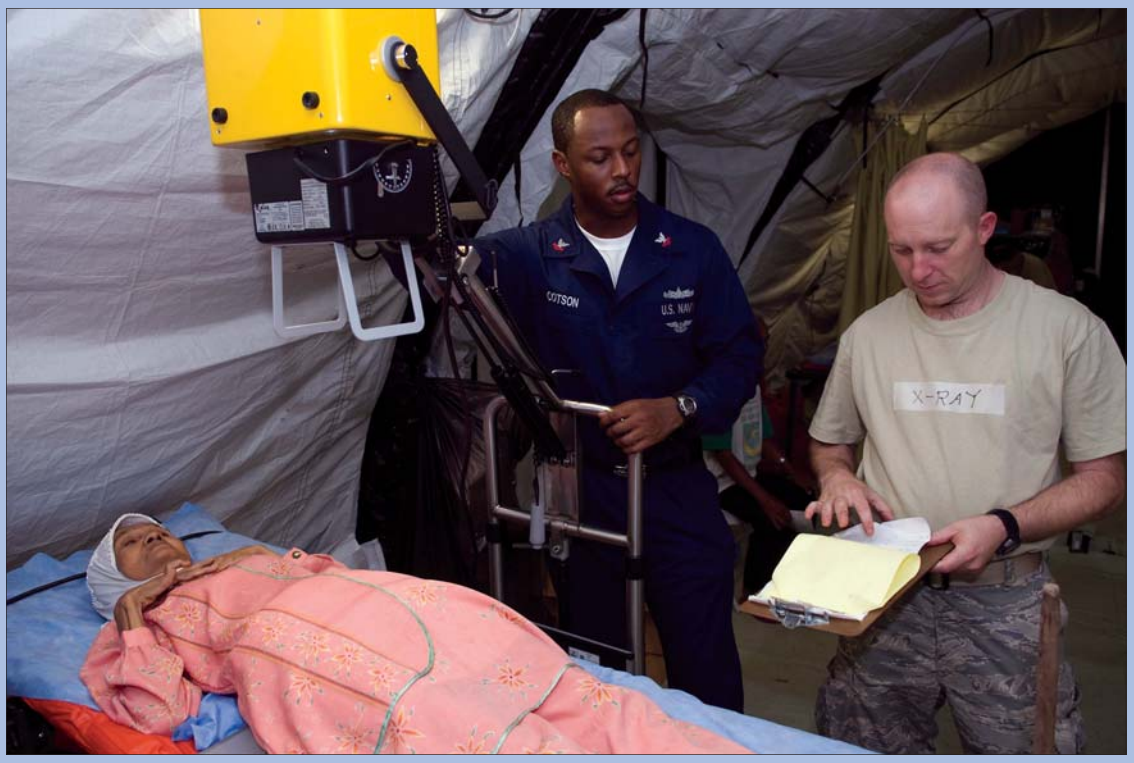
CAPT Cynthia Macri, an obstetrics and gynecology physician serving as the Chief of Naval Operations special assistant for diversity, speaks with a student during the Science, Service, Medicine, and Mentoring Camp at the National Naval Medical Center. The camp exposes college-bound high school students to the biomedical sciences. Photo by LCDR Karen E. Eifert



Seth Berry, Natural Resources Manager at Naval Support Facility Indian Head, MD, assesses the growth of native wetland grasses along the completed first phase of the base's shoreline stabilization project. In the background are newly planted trees and the stone breakwater, both major elements of the project. Photo by Gary Wagner



CAPT Judith E. Epstein, MC, administers the new PfSPZ (Plasmodium falciparum Sporozoite) Malaria Vaccine to a volunteer candidate as Dr. Sharina Reyes, M.D., looks on. Epstein is the Clinical Trials Team U.S. Military Malaria Vaccine Program director at Naval Medical Research Center (NMRC) in Silver Spring, MD. Reyes is an NMRC clinical project manager. Photo by MCSN Timothy H. Wilson, USN



HM2 Alvin Cotson, an X-ray technician, and SSGT Clifford Gentry, USAF, consult a patient's record before conducting an X-ray at the deployed humanitarian assistance rapid response team's (HARRT) medical facility in Padang, Indonesia. Corpsmen from amphibious transport dock ship USS *Denver* (LPD-9) and the guided-missile destroyer USS *McCampbell* (DDG-85) are providing free medical treatment to Indonesian citizens as part of the U.S. military response to a request for assistance by the Indonesian government after a 7.6 magnitude earthquake struck the country in September. Photo by MC2 Byron C. Linder, USN

Bruzek-Kohler Awarded St. Thomas of Villanova Alumni Medal

Sonja L. Hanson

RADM Christine M. Bruzek-Kohler, NC, was awarded the St. Thomas of Villanova Alumni Medal during the Villanova University Summit on Leadership.

Bruzek-Kohler's journey came full circle as she walked the grounds of her alma mater. The whispers of Villanova began when she was only 15 years old while she worked in a pharmacy owned and operated by Max Schwartz and his brother-in-law, Irwin Manheim, her mentors at the time. Schwartz and Manheim encouraged Bruzek-Kohler to obtain her college degree, but Schwartz went a step further and touted his own alma mater, Villanova University, as the place to fulfill that goal. Her family physician was also a Villanova graduate; Bruzek-Kohler remembers seeing his diploma on the wall and being aware that he was an Army Reserve physician.

These temporal memories may have seemed trivial at the time, but in an era when career options for women were limited primarily to teacher, secretary, or motherhood, they had a profound impact on Bruzek-Kohler.

Her mother and father also encouraged education, but such endeavors required financial aid. "The other piece was that we [she and her two brothers] had to be smart enough to get a scholarship," said Bruzek-Kohler, who is the only female in her family to graduate from college.

Bruzek-Kohler had a vision for something new and unique to what she had seen growing up. "I wanted to go away, I wanted to travel, I wanted to do something that would be completely and utterly different than anything anybody else did," she said.

Then walking home from high school one day she saw a Navy recruiting poster with the slogan 'It's not just a job, it's an adventure.'

"It had the face of a beautiful woman, a beautiful nurse's cap with a gold and black stripe across it that said 'Be a Navy Nurse,'" she recalled. "As soon as I saw that, I thought, 'that's what I am gonna be,'" said Bruzek-Kohler. It offered the travel and adventure she desired, and would ultimately, along with scholarships, pay for her education and pave a path for her out of the inner city.

"The Navy always offered something new, challenging and exciting," said Bruzek-Kohler reflecting on her Navy career thus far. "Even the places I thought I didn't want to go offered opportunities I never otherwise would have experienced. Each command offered growth in my career development; culminating in my current position."

Retired Nurse Corps CAPT Phyllis Elsass, a mentor of Bruzek-Kohler's, said, "It was obvious she was a very talented nurse. She had a lot of potential to contribute to the [Nurse] Corps. I gave her one of the hardest wards to challenge her. Chris [Bruzek-Kohler] was self-propelling; she had a lot of self-motivation." Later in her career, Elsass, then Commanding Officer, Naval School of Health Sciences, Bethesda, MD, requested Bruzek-Kohler by name to serve on the staff at the school. Subsequently, Bruzek-Kohler became the first Nurse Corps officer assigned as director of Academic Support Department. Bruzek-Kohler credits her pursuit of higher education to the leadership and encouragement of Elsass. Bruzek-Kohler obtained a Master of Education from Providence College, and a Master of Arts and Doctor of Education from George Washington University.

"Being a nurse is about first being clinically competent. Being a Navy nurse is a lifelong commitment to patient care. You take on the role of leader early in your career. There is a commitment to accountability, ethics, change, and risk, not what most think of when they decide to become a nurse," said Bruzek-Kohler.

Bruzek-Kohler recently turned over the duties as the Director, Navy Nurse Corps, which she held from 2005 to 2009. During this time, Bruzek-Kohler was responsible for pioneering several initiatives for the Nurse Corps.

Upon completion of their first tour in the Navy, Nurse Corps Officers are now allowed to apply for the full-time Duty Under Instruction (DUINS) program. This is a significant policy change as several recent retention studies have shown that higher education contributes to retention

in the Navy. DUINS, which includes full salary and paid tuition, improved retention and has been cited by the Center for Naval Analysis (CNA) as the main reason nurses join and are retained in the Navy. Another educational initiative was the creation of the Federal Civilian Graduate Education Program, which is the first of its kind in DoD. This program gives DoD civilians the opportunity for upward mobility, increased education, knowledge, and responsibility, while improving a clear career path with increased leadership opportunities, and the ability to enhance Navy medicine.

"This is an important contribution to the Navy because federal civilian nurses add continuity and stability to Military Treatment Facilities as active duty nurses deploy" said CAPT Kathleen M. Pierce, Deputy Director, Nurse Corps, Bureau of Medicine and Surgery.

Under Bruzek-Kohler's leadership, positions for nurses were established at key operational commands, such as the first Nurse Corps officer assigned to serve on the Fleet Forces Command staff in 2007, directing policy for Navy Nurses supporting operational missions around the world. She also created four Psychiatric Mental Health nurse practitioner Operational Stress Control (OSCAR) billets with Marine Corps units in 2009 and assigned the first Nurse Corps officer to serve on the Headquarters Marine Corps staff, which allows the Nurse Corps to advise the Marine Corps how to best utilize nurses assigned to and in direct care of Marines. "This is crucial since nurses are closer to the fight, caring for patients on the ground, in the air and, at sea. Nurses are doing things they haven't had to do before," said Pierce. Bruzek-Kohler also extended support to the Army mission over her tenure by deploying more than 100 Navy Reserve Nurse Corps Officers to Landstuhl Army Regional Medical Center.

Bruzek-Kohler joined the Navy just after the Vietnam War, spending most of her career in a peacetime Navy. "Times are different now. I worry about them [Navy nurses] taking care of themselves as much as they take care of others. It's a different time. I was single, footloose, and it was all exciting. Now the demographics are different. Nurses have families; they go to war, we ask so much of them," said Bruzek-Kohler. "War has crystallized what our [Navy nurses] role is. It has validated Nurses' worth, they are experts and they are valued for their expertise. Navy nurses are essential members of the healthcare team. They deploy and return proud of whom and what they are in their own right."

Bruzek-Kohler is the first Villanova nurse to hold the position of both the Naval Medical Inspector General and the 21st Director of the Navy Nurse Corps. She was awarded the St. Thomas of Villanova Medal "in recognition of her vision, leadership, and positive influence in a complex world, her many accomplishments in the field of nursing and in the United States Navy, and her dedication to alma mater," said Paul A. Tufano, Esq., president of the Villanova University Alumni Association and member of the Villanova University Board of Trustees.

Of the 32 student nurses that were commissioned with Bruzek-Kohler from her class of 1974 at Villanova, she is the only remaining nurse on active duty. "The adventure was always in front of me, just around the corner. You just have to go with the flow, take the jobs and learn from it," she said. Bruzek-Kohler has served in the Navy for 37 years and currently holds the position of Commander, Navy Medicine West and Naval Medical Center San Diego.

Ms. Hanson is NMCSD & NMW Public Affairs.

"Final Victory" Released

Jan K. Herman

BUMED has just released the final installment in its six-part documentary, *Navy Medicine at War*, the story of Navy medicine in World War II. "Final Victory" covers the war's last campaign and its aftermath—the bloody fight to take Okinawa, the dress rehearsal for the invasion of the Japanese home islands; the dropping of the two atomic bombs; Japan's surrender; and the liberation of prisoners of war. This last film is the culmination of a nearly 14-year-long effort.

The story really begins in 1986 when I interviewed Wheeler B. Lipes. The former pharmacist's mate had become famous early in the war when he successfully performed an emergency appendectomy aboard the submarine USS *Seadragon*. This series of interviews not only initiated a close friendship with a remarkable man but marked the birth of BUMED's oral history program. The ensuing years resulted in more than a hundred interviews with World War II veterans—hospital corpsmen, physicians, nurses, and dentists, many of whom had witnessed World War II at Pearl Harbor, aboard ships of the fleet, on the beaches of Normandy, during countless landings with the Marines on Japanese-held Pacific islands, and in prisoner of war camps from the Philippines to Japan. These interviews had been recorded on audiotape and formed the basis for additional scholarship.

In 1995 I approached what was then the Naval School of Health Sciences (now the Navy Medicine Support Command, Visual Information Directorate) with an idea. Why not select the best of the previous interviews and re-interview the subjects on videotape? This medium would add an entirely new dimension by capturing expression and emotion not possible with audiotape.

Historian Jan Herman, videographer Mike May, and NMSC director Tom Webster shoot a scene atop Mt. Suribachi. Photo by CAPT David Lane, MC, USN

Former PhM1c Sterling Cayle, a Pearl Harbor survivor, shows Jan Herman his World War II scrapbook. Photo by Tom Webster

After a dozen or more videotaped interviews were "in the can," we saw a unique opportunity to tell Navy medicine's wartime story in a series of six documentaries based on my 1997 book, *Battle Station Sick Bay*. We would blend the interviews with documentary wartime footage housed in the National Archives and other repositories, voice-over narration, and on-screen narration shot on location.

In 1999, director Jack Lewin, a videographer, and I traveled to Pearl Harbor to shoot on-screen narration for "Navy Medicine's Trial by Fire: December 7, 1941." Who could have anticipated the serendipitous discovery made in a parking lot at Pearl Harbor Naval Station? A license plate bearing "Pearl Harbor Survivor" led to a chance meeting with the car's owner, retired Air Force Master Sergeant Richard Fiske, a former bugler aboard the battleship *West Virginia* and an eyewitness to the Japanese attack. Would he be willing to play taps for us? From a bluff overlooking the Arizona Memorial, the old veteran sounded the haunting call for his long departed comrades, the event captured on videotape for our production.

Two years later, while working on "Navy Medicine at Normandy," we found ourselves on Omaha Beach with a Navy medical veteran of D-Day, Dr. Lee Parker, as he recalled that historic day 56 years before. "I came ashore here," he said, scanning the bluff behind us. On 6 June 1944, that bluff bristled with German guns that rained death upon American Soldiers and Sailors as they departed their landing craft. The Normandy American Cemetery, the final resting place for more than 9,000 servicemen, now occupies the same bluff. As we slowly walked among the white marble crosses and Stars of David, Dr. Parker spoke softly about sacrifice and his own miraculous survival. His brother died on another European battlefield.

On 6 May 1942, 11,000 Americans and their Filipino allies became prisoners of the Japanese. To tell the story of those Navy medical personnel among them in "Guests of the Emperor," we traveled to the Philippines accompanied by RADM Ferdinand Berley, a physician who had survived nearly 3 ½ years as a prisoner of the Japanese. During our stay in Manila, we visited the infamous Bilibid Prison built by the Spanish in 1865, condemned by the Philippine authorities in 1939 as unfit for habitation, and then used as a prison camp by the Japanese. Much to our surprise, the decrepit hovel, part of Manila's penal system, now housed

convicts who freely wandered about within its crumbling and graffiti-covered walls. From our vantage point on a balcony overlooking the prison yard, I asked Dr. Berley if he recognized the layout from his stay there some 63 years before. At first he seemed confused by the noisy chaos below but then pointed to a nearby barracks. "I remember that building and the wall beyond but nothing else. It's changed so much." And then we saw confusion replaced by anger. "This prison is a disgrace," he shouted above the din. "They've ruined a perfectly good prison!"

The absurdity of his remark was not lost on any of us. "Dr. Berley, I don't understand what you mean. This was a horrible prison during the war. Hundreds of prisoners died here of disease and malnutrition."

"We cleaned this place up and built a Navy hospital in here. There was running water, toilets that functioned, and I even recall planting trees over there." He gestured toward a distant wall upon which a convict was then urinating. His original outburst suddenly made sense.

A ferry ride out into Manila Bay took us to Corregidor, the island fortress that in May 1942 finally surrendered after its defenders endured hunger, disease, ceaseless Japanese bombardment, and a final amphibious assault. Dr. Berley told us how he hid his .45 automatic pistol in a cave that served as an aid station and then walked to Malinta Tunnel to surrender. We visited the bombed out barracks where he had reported upon his arrival during the siege. The Philippine government has preserved the ruins as a memorial to Corregidor's heroic but futile defense. As the old veteran described the events, a tour bus pulled into view, its driver-guide explaining the scene to a group of American and Filipino tourists. I walked up to the driver's window and casually mentioned that the elderly gentleman nearby had been here during the siege. The driver asked if he would be willing to come over and talk to the tourists.

Indeed, as Dr. Berley approached the bus, it had already emptied. Each tourist then shook his hand and posed for pictures. Just before the vehicle departed, the driver leaned out his window and said, "You still have the bearing of a soldier."

"No," Dr. Berley proudly retorted. "I was a Navy medical officer."

To tell the story of Navy medical personnel who manned battleships, cruisers, destroyers, and submarines, Jack Lewin, our crew and I shot scenes aboard USS *Midway*, a carrier that entered the fleet in the final months of World War II and saw service up through the Gulf War of 1991-92.

Contrasting with *Midway*'s very spacious medical spaces, USS *Cod*, a 310-foot-long World War II Gato class submarine now moored in Cleveland, OH, illustrated a sick bay more akin to a closet. Shooting scenes below decks gave us a unique perspective of how stressful this confining environment was for its crew and the huge challenge it presented for the medical personnel who cared for them.

"Stepping Stones to Tokyo," the fifth production, presented a rare opportunity to shoot location footage in Saipan and Iwo Jima, scenes of some of the most brutal fighting in the Pacific. CAPT David Lane, then III MEF Surgeon, arranged for a Marine Corps aircraft to fly director, Tom Webster, me, and our videographer from Okinawa to Iwo Jima for a few hours of location shooting. After landing at the small airfield, a U.S. Navy van took us and our equipment down to Green Beach, right beneath Mt. Suribachi.

A brilliant blue sky and blue-green sea shimmered in the sun. Well above the surf line, clumps of colorful wildflowers erupted from black volcanic sand belying the horrors of what had happened there. The wreckage of war had long since been removed but for a few rusting artillery pieces poking here and there from derelict pillboxes. The 8-square-mile island looked more like a little speck of paradise awaiting a cruise ship than an unlikely battlefield that had claimed the lives of 7,000 Marines and Sailors and nearly 21,000 Japanese during February and March 1945.

A glance down brought me back to reality. There, lying side by side in the sand, were two small objects—a .30 caliber Japanese armor-piercing slug and an oxidized .30 caliber M1 carbine bullet—projectiles fired by enemies sworn to kill one another.

The shooting for "Final Victory" found us where the project had begun 10 years before, at Pearl Harbor. This time we were aboard the battleship *Missouri*, now moored a few hundred yards from the Arizona Memorial on Battleship Row. World War II had come to an end upon its deck with the signing of the surrender documents on 2 September 1945. Forty-five months had elapsed since that date of infamy on December 7th 1941 when Japanese planes had dealt death from the skies and Navy medical personnel had treated the victims. There they were—bookends—the remains of USS *Arizona* and USS *Missouri*, opening and closing chapters to the most destructive war in history, and an appropriate conclusion to one of Navy medicine's greatest epics.

Jan Herman is Historian of the Navy Medical Department (MED00H), BUMED, Washington, DC.

You may order "Final Victory" and copies of the other releases from Visual Information Directorate, NMSC, Bethesda, MD, Tel: 301-295-5595.

INDEX
January-December 2009
Vol. 100

Navy Medicine 1908

Hospital Corps School Class No. 16's football team poses on the grounds of the old Naval Hospital, Washington DC. Photo BUMED Archives

DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
COMMUNICATIONS DIRECTORATE
BLDG 1, RM 1217
2300 E STREET NW
WASHINGTON DC 20372-5300

Periodical
Postage and Fees Paid
USN
USPS 316-070

OFFICIAL BUSINESS